

PCT
REQUEST

The undersigned requests that the present international application be processed according to the Patent Cooperation Treaty.

International Application No.

International Filing Date

Name of receiving Office and "PCT International Application"

Applicant's or agent's file reference
(if desired) (12 characters maximum)
O 1 P 102 WO

Box No. I TITLE OF INVENTION

Method of Charging Fine-Grained Metals into an Electric-Arc Furnace

Box No. II APPLICANT

Name and Address: (Family name followed by given name: for a legal entity, full official designation. The address must include postal code and name of country. The country of the address indicated in this Box is the applicant's State (that is, country) of residence if no State of residence is indicated below.)

Outokumpu Oyj
Riihitontuntie 7

02200 Espoo
Finland

☐ This person is also inventor.

Telephone No.

Facsimile No.

Teleprinter No.

State (that is, country) of nationality:
FI

State (that is, country) of residence:
FI

This person is applicant for the purpose of: ☐ all designated States ☒ all designated States except the United States of America ☐ the United States of America only ☐ the States indicated in the Supplemental Box

Box No. III FURTHER APPLICANT(S) and/OR (FURTHER) INVENTOR(S)

Name and Address:

SMS Demag AG
Eduard-Schloemann-Straße 4

40237 Düsseldorf
Germany

This person is:

☒ applicant only

☐ applicant and inventor

☐ inventor only (If this check-box is marked, do not fill in below.)

State (that is, country) of nationality:
DE

State (that is, country) of residence:
DE

This person is applicant for the purpose of: ☐ all designated States ☒ all designated States except the United States of America ☐ the United States of America only ☐ the States indicated in the Supplemental Box

☒ Further applicants and/or (further) inventors are indicated on a continuation sheet

Box No. IV AGENT OR COMMON REPRESENTATIVE; OR ADDRESS FOR CORRESPONDENCE

The person identified below is hereby/has been appointed to act on behalf of the applicant(s) before the competent International Authorities as:

☒ agent
☐ common representative

Name and address:
Keil & Schaafhausen
Cronstettenstraße 66

60322 Frankfurt am Main

Germany

Telephone No.
069-959623-0

Facsimile No.
069-959623-50

Teleprinter No.

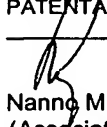
☐ Address for correspondence: Mark this check-box where no agent or common representative is/has been appointed and the space above is used instead to indicate a special address to which correspondence should be sent.

Continuation of Box No. III FURTHER APPLICANT(S) AND/OR (FURTHER) INVENTOR(S)				
If none of the following sub-boxes is used, this sheet should not be included in the request.				
Name and Address: Eichberger, Heinz Am Haag 12j 65812 Bad Soden Germany			This person is: <input type="checkbox"/> applicant only <input checked="" type="checkbox"/> applicant and inventor <input type="checkbox"/> inventor only (If this check-box is marked, do not fill in below)	
State (that is, country) of nationality: DE		State (that is, country) of residence: DE		
This person is applicant for the purpose of: <input type="checkbox"/> all designated States <input type="checkbox"/> all designated States except the United States of America <input checked="" type="checkbox"/> the United States of America only <input type="checkbox"/> the States indicated in the Supplemental Box				
Name and Address: Schneider, Karl-Josef Marellenkämpe 67 46514 Schermbeck Germany			This person is: <input type="checkbox"/> applicant only <input checked="" type="checkbox"/> applicant and inventor <input type="checkbox"/> inventor only (If this check-box is marked, do not fill in below)	
State (that is, country) of nationality: DE		State (that is, country) of residence: DE		
This person is applicant for the purpose of: <input type="checkbox"/> all designated States <input type="checkbox"/> all designated States except the United States of America <input checked="" type="checkbox"/> the United States of America only <input type="checkbox"/> the States indicated in the Supplemental Box				
Name and Address: 			This person is: <input type="checkbox"/> applicant only <input type="checkbox"/> applicant and inventor <input type="checkbox"/> inventor only (If this check-box is marked, do not fill in below)	
State (that is, country) of nationality:		State (that is, country) of residence:		
This person is applicant for the purpose of: <input type="checkbox"/> all designated States <input type="checkbox"/> all designated States except the United States of America <input checked="" type="checkbox"/> the United States of America only <input type="checkbox"/> the States indicated in the Supplemental Box				
Name and Address: 			This person is: <input type="checkbox"/> applicant only <input type="checkbox"/> applicant and inventor <input type="checkbox"/> inventor only (If this check-box is marked, do not fill in below)	
State (that is, country) of nationality:		State (that is, country) of residence:		
This person is applicant for the purpose of: <input type="checkbox"/> all designated States <input type="checkbox"/> all designated States except the United States of America <input checked="" type="checkbox"/> the United States of America only <input type="checkbox"/> the States indicated in the Supplemental Box				
<input type="checkbox"/> Further applicants and/or (further) inventors are indicated on another continuation sheet.				

Box No. IX CHECK LIST; LANGUAGE OF FILING	
<p>This international application contains the following number of sheets:</p> <p>request: 4</p> <p>description (excluding sequence listing part): 10</p> <p>claims: 3</p> <p>abstract: 1</p> <p>drawings: 3</p> <p>sequence listing: part of description</p> <p style="text-align: right;">Total number of sheets : 21</p>	<p>This international application is accompanied by the item(s) marked below::</p> <p>1. <input checked="" type="checkbox"/> fee calculation sheet</p> <p>2. <input type="checkbox"/> separate signed power of attorney</p> <p>3. <input checked="" type="checkbox"/> copy of general power of attorney; reference number, if any: 44892</p> <p>4. <input type="checkbox"/> statement explaining lack of signature</p> <p>5. <input checked="" type="checkbox"/> priority document(s) identified in Box No. VI as item(s):</p> <p>6. <input type="checkbox"/> translation of international application into (language):</p> <p>7. <input type="checkbox"/> separate indications concerning deposited microorganisms or other biological material</p> <p>8. <input type="checkbox"/> nucleotide and/or amino acid sequence listing in computer readable form</p> <p>9. <input type="checkbox"/> other (specify):</p>
<p>Figure of the drawings which should accompany the abstract: 1</p>	<p>Language of filing of the international application: English</p>
<p>Box No. X: SIGNATURE OF APPLICANT, AGENT OR COMMON REPRESENTATIVE</p>	
<p>Next to each signature, indicate the name of the person signing and the capacity in which the person signs (if such capacity is not obvious from reading the request).</p> <div style="margin-top: 20px;"> <p>.....</p> <p>Nanno M. Lenz</p> <p>(Association No. 124)</p> </div>	
<p>For receiving Office use only</p>	
<p>1. Date of actual receipt of the purported international application:</p> <hr/> <p>3. Corrected date of actual receipt due to later but timely received papers or drawings completing the purported international application:</p> <hr/> <p>4. Date of timely receipt of the required corrections under PCT Article 11(2):</p> <hr/>	<p>2. Drawings:</p> <p><input type="checkbox"/> received:</p> <p><input type="checkbox"/> not received:</p>
<p>5. International Searching Authority (if two or more are competent):</p> <p style="text-align: center;">ISA/</p>	<p>6. <input type="checkbox"/> Transmittal of search copy delayed until search fee is paid.</p>
<p>For International Bureau use only</p>	
<p>Date of receipt of the record copy by the International Bureau:</p>	

Box No. V DESIGNATION OF STATES / Box No. V DESIGNATIONS				
<p>The filing of this request constitutes under Rule 4.9(a), the designation of all Contracting States bound by the PCT on the international filing date, for the grant of every kind of protection available and, where applicable, for the grant of both regional and national patents.</p> <p>However,</p> <p><input type="checkbox"/> DE Germany is not designated for any kind of national protection</p> <p><input type="checkbox"/> KR Republic of Korea is not designated for any kind of national protection</p> <p><input type="checkbox"/> RU Russian Federation is not designated for any kind of national protection</p> <p><i>(The check-boxes above may be used to exclude (irrevocably) the designations concerned in order to avoid the ceasing of the effect, under the national law, of an earlier national application from which priority is claimed. See the Notes to Box No. V as to the consequences of such national law provisions in these and certain other States.)</i></p>				
Box No. VI PRIORITY CLAIM <input type="checkbox"/> Further priority claims are indicated in the Supplemental Box.				
Filing date of earlier application (day/month/year)	Number of earlier application	Where earlier application is:		
		national application: country	regional application:* regional Office	international application: receiving Office
item (1) 23.07.2003	103 33 764.4-24	DE		
item (2)				
item (3)				
item (4)				
<p>The receiving Office is requested to prepare and transmit to the International Bureau a certified copy of the earlier application(s) (only if the earlier application was filed with the Office which for the purposes of the present International application is the receiving Office) identified above as:</p> <p><input type="checkbox"/> all items <input type="checkbox"/> item (1) <input type="checkbox"/> item (2) <input type="checkbox"/> item (3) <input type="checkbox"/> item (4) <input type="checkbox"/> other, see Supplemental Box</p> <p>* Where the earlier application is an ARIPO application, it is mandatory to indicate in the Supplemental Box at least one country party to the Paris Convention for the Protection of Industrial Property for which that earlier application was filed (Rule 4.10(b)(ii)). See Supplemental Box.</p>				
Box No. VII INTERNATIONAL SEARCHING AUTHORITY				
Choice of International Searching Authority (ISA) ISA/EP		Request to use results of earlier search; reference to that search (if an earlier search has been carried out by or requested from the International Searching Authority): <div style="display: flex; justify-content: space-between;"> Date (day/month/year) Number Country (or regional Office) </div>		

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PCT FEE CALCULATION SHEET Annex to the Request	International application No.
Applicant's or agent's file reference O 1 P 102 WO	Date stamp of the receiving Office
Applicant Outokumpu Oyj	
CALCULATION OF PRESCRIBED FEES	
1. TRANSMITTAL FEE	EUR 100,00 T
2. SEARCH FEE The international search to be carried out by EP	EUR 1.550,00 S
3. INTERNATIONAL FILING FEE Where items (b) and/or (c) of Box IX apply, enter Sub-total number of sheets _____ Where items (b) and (c) of Box IX do not apply, enter Total number of sheets	
(i1) first 30 sheets	EUR 902,00 (i1)
(i2) _____ X EUR 10,00 Number of sheets fee per sheet in excess of 30	* (i2)
(i3) additional component (only if sequence listing and/or tables related thereto are filed in computer readable form under Section 801(1)(i), or both in that form and on paper, under Section 801(1)(ii); <div style="text-align: right;"> 400 X _____ * (i3) fee per sheet </div>	
Add amounts entered at i1, i2 and i3 and enter total at I EUR 902,00 I <small>(Applicants from certain States are entitled to a reduction of 75% of the international fee. Where the applicant is (or all applicants are) so entitled, the total to be entered at I is 25% of the sum of the amounts entered at B and D.)</small>	
4. FEE FOR PRIORITY DOCUMENT (if applicable)	EUR P
5. TOTAL FEES PAYABLE Add amounts entered at T, S, I and P, and enter total in the TOTAL box	EUR 2.552,00 <hr/> TOTAL
MODE OF PAYMENT <input checked="" type="checkbox"/> authorization to charge deposit account (see below)	
AUTHORIZATION TO CHARGE (OR CREDIT) DEPOSIT ACCOUNT <i>(This mode of payment may not be available at all IPEAs)</i> <input checked="" type="checkbox"/> Authorization to charge the total fee indicated above. <input checked="" type="checkbox"/> <i>(This check-box may be marked only if the conditions for deposit accounts of the IPEA so permit)</i> Authorization to charge any deficiency or credit any overpayment in the total fees indicated above. <input type="checkbox"/> Authorization to charge the fee for priority document.	Receiving Office: EP Deposit Account No.: 28000248 Date: June 29, 2004 Name: KEIL & SCHAAFHAUSEN PATENTANWÄLTE Signature:  Nanno M. Lenz (Association No. 124)